

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>W</i>		
<b>FORMALITY REVIEW</b>		<i>45</i>	<i>9/14</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/1/62
2	9/2/62
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37	
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39	
40	
41	✓ 0
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ 0
47	✓ 0
48	✓ 0
49	✓ 0
50	✓ 0 ✓

Claim	Date
Final	
Original	
51	✓ 0 ✓
52	✓ 0
53	✓ 0
54	✓ ✓
55	✓ ✓
56	✓ ✓
57	✓ ✓
58	✓ 0 ✓
59	✓ 0
60	✓ 0
61	✓ 0
62	✓ 0
63	✓ ✓
64	✓ ✓
65	✓ ✓
66	✓ ✓
67	✓ 0
68	✓ ✓
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84	
85	
86	
87	
88	✓ ✓ = ✓
89	= ✓
90	= ✓
91	= ✓
92	= ✓
93	= 0
94	= ✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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